
Directories of Ambulatory Health Care Facilities

A report of an experience in compiling and publishing lists of services available to the public in neighborhood health centers and hospital outpatient departments and emergency rooms in the Greater Boston area

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A DIRECTORY of neighborhood health centers in the local Boston area was compiled by a group of health consumers and providers in December 1970. Information on each center included address, telephone number, regular clinic hours, fees, languages spoken at the center, and types of health services available. By August 1971, the directory had been published in booklet form and 50,000 copies were available to the public (1).

Several months later, discussions began on the possible expansion of the directory to include neighborhood health centers located throughout the Greater Boston area and to list hospital emergency and ambulatory care. The difficulties encountered in a project of this magnitude and the process of its completion are reported here.

Background

Publication of the original directory of neighborhood health centers was supervised by a steering committee composed of consumers, providers, and health planners and coordinated by Action for Boston Community Development (ABCD), the local antipoverty agency. The booklet was distributed by local community service agencies, and the response to it was very favorable in terms of requests for copies from consumers and organizations. Public response also indicated a need for information on other ambulatory health care services available in the Boston metropolitan area.

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The feasibility of expanding the directory was examined by the steering committee at a meeting with representatives from local hospitals and the Massachusetts Department of Mental Health. The hospital representatives largely agreed that information about their services would lead to their more efficient use by the public; they therefore supported the committee's plans and were willing to assist with the project. Representatives from the Massachusetts Department of Mental Health, however, informed the committee that they were in the process of preparing their own listing of mental health services. Since a duplication of information might result, it was decided to omit the mental health services category from the directory. The directory was to be expanded to include information on hospital emergency rooms and outpatient departments. At the same time, the neighborhood health center section was to be updated and the geographic area covered was to be extended to include all of Greater Boston.

There was considerable debate on the desirability of including all the information in one booklet. The Tri-State Regional Medical Program provided funding, but restricted its use to information on hospital services. As a result, it was necessary to drop plans for one inclusive directory and proceed with plans for two separate booklets—one on neighborhood health centers and the other on emergency rooms and outpatient departments. To coordinate the directories, the steering committee approached the local comprehensive health planning or "b" agency, the Health Planning Council for Greater Boston. Recognizing that the aims for the directories matched the planning council's goal of providing information to the public on health services, the council agreed to provide staff to coordinate the directories and fund a portion of the printing. The remainder of the cost for the printing was underwritten by the Medical Foundation, Inc., a United Fund agency.

The Two Directories

The community specialist of the Health Planning Council supervised the mechanics of data collection and coordination. Assistance was provided by three work-study students from local universities. Information was gathered by personal interviews with hospital and neighborhood center administrators. The information was compiled and typed and returned to the administrators for verification before publication. This process took 9 months—3 for developing policy, 3 for collecting information, and 3 for printing.

While the updating of the health center information went smoothly, collecting the hospital information presented several problems. One was that, unlike the neighborhood health centers, there was no common nomenclature for the individual components of care provided by each institution. It was not until the information from the hospitals was compiled that this problem became clear. Some of the hospitals, while not having

indicated that they operated a specific clinic, did provide the services in a clinic offering more general services. For example, family planning might be offered in gynecology, medical, or family planning clinics, depending on the hospital. A standard format was considered essential for the directory to be useful to the consumer. Hence, the steering committee had to devise a listing for both clinics and services available.

Another problem was the skepticism expressed by administrators of several smaller hospitals as to the usefulness of listing certain types of information. For example, there was resistance to releasing information about fees, as charges often depended on a patient's ability to pay.

Finally, verification of the information collected on each institution proved difficult. Hospital spokesmen, clinic managers, hospital administrators, or physicians in charge often did not know what services were offered or differed in their perception of these services.

BOSTON

Peter Bent Brigham Hospital

721 Huntington Avenue
Boston, Mass. 02115

734-8000 ext. 2351

GENERAL INFORMATION:

Director: H. J. Helmer

Hours: 8:30 a.m. - 9 p.m., Mon.
- Fri., Sat. 8:30 a.m. - 12:30 p.m.

Appointments Needed: Yes but walk-ins accepted

Fees: \$20 generally - sliding scale

Serves: No children under 14, no obstetrics

Pharmacy Hours: 9 a.m. - 9 p.m., six days

Languages Spoken: Spanish, Greek, others on call

Complaints: New system being developed

Comments: Patient advocate available and community involvement through hospital committee on community affairs and services

CLINICS	YES	NO
Allergy	●	
Dermatology	●	
Ear, Nose, Throat	●	
Eye	●	
Gen. Med. & Surgery	●	
Gynecology	●	
Mental Retardation		●
Obstetrics (Pregnancy Care)		●
Orthopedics	●	
Pediatrics		●
Podiatry	●	

SERVICES	YES	NO
Abortion	●	
Alcoholism	●	
Blood Test (pre-marital)		●
Dental		●
Restorative (fillings)	●	
Extractions (pullings)	●	
Oral Surgery		●
Orthodonture (braces)		●
Drugs	●	
Family Planning	●	
Hearing Tests	●	
Immunizations		●
Mental Health		●
Adult	●	
Child		●
Counseling		●
Nutrition	●	
Physical Exams		●
TB	●	
VD	●	
Social Services	●	

Distribution of the Directories

Since the goal of the steering committee was to get the directories to the public, an effective system of distribution was critical. The experience with the first edition of the neighborhood health center directory had not proved satisfactory. The directories had been delivered to community agencies with letters asking them to distribute the pamphlets to their communities and staffs. However, we feared that agency staffs benefited more from the directories by using them as reference manuals. Also, by limiting the distribution to those associated with community social service agencies, we were missing the most important group—those who were not.

Taking these limitations into account in planning the distribution process, the steering committee wanted to identify locations where a broad section of people would have access to the directories. Obviously, it would be impossible to reach the entire Greater Boston population with limited funding and only 50,000 copies of each directory. Hence, several of the larger chain supermarkets in the Boston area were approached. Four of the largest chains with stores in low and middle income areas agreed to deliver the boxes of the pamphlets to their stores and to instruct their managers to distribute them at checkout counters.

To insure that the public would know about the directories, the public relations department

of one of the funding agencies prepared press releases for newspapers and community service spots for local radio and television stations, indicating where and when the directories would be available at supermarkets. This publicity generated such demands that the supermarket chains asked for additional boxes of the directories. In addition, all community service agencies were notified by mail about the availability of the directories and were encouraged to order copies. All participating hospitals (those with emergency rooms and outpatient departments) and neighborhood health centers were given 100 copies of each directory for their own use.

Evaluation and Future of the Directories

Trying to evaluate whether the directories were being used by the public was of continual concern to the committee, as well as to one funding agency. This agency provided additional funds for a small tear-out post card to be included in each directory. The return rate has been too small to be significant in evaluating the effectiveness of the directories. Only 167 post cards from the hospital directory and 48 from the neighborhood health center directory were returned. One explanation for the differences in the return rate may be that the hospital directory post cards were prepaid. All the returned post cards contained positive comments about the usefulness of the directories and requested that the coverage be expanded to include outlying suburban communities and other emergency services, such as police and ambulance.

Thus far the community demand has failed to motivate the steering committee to produce a new edition. Several explanations have been offered: funds for such projects are no longer as available as they were a few years ago, and the market for the directories may have been saturated. Counting all the editions published, some 150,000 copies have been made available in the Boston area. This has probably been enough to reach a large number of professionals and one of every six households in the metropolitan area.

Unfortunately, the steering committee will never know who used the directories and for what purposes. Intuitively, the steering committee identified the general public and the professionals who provide health care services or information as the main consumer groups. Based on selective informal feedback, the committee generated one

BOSTON

EMERGENCY SERVICES PROVIDED	YES	NO
General	●	
Pediatric		●
Maternity		●
Dental	●	

AVAILABLE IN HOSPITAL 24 HOURS	YES	NO
Doctor	●	
R.N.	●	
X-Ray	●	

Peter Bent Brigham Hospital

721 Huntington Avenue
Boston, Mass. 02115

734-8000 ext. 2344 - 5,6

Administrator of ER: Andrew Jessiman, M.D.

Languages Spoken: Spanish
9-5:00 p.m., after that no organized interpreters.

Fees: \$25 - main emergency room, \$15 general practice unit. Does not include: X-Ray, Lab, Supplies

Emergencies Referred to Other Hospitals: Obstetrics and Pediatrics unless life threatening.

Complaints: Write to Administrator

Comments: 5:00 p.m. - 10:00 p.m. Mon. - Fri., 10:00 a.m. - 10:00 p.m. Sat., 12 noon - 10:00 p.m. Sun. general practice unit for non-emergency patient. Hospital committee on community affairs - consumer dominated

pamphlet for two very different sets of consumers. No analysis was undertaken to determine what information these two groups wanted, how best to transmit it to each, and whether the information was useful to either. While the steering committee believes that they were valuable, and requests for copies continue from agencies—such as the telephone company for its operators—any future effort should include experts in health education, production, and marketing. Moreover, any information effort should be incorporated into some larger planned public health education program. Finally, a total evaluation should be included to determine the effectiveness of the programs.

The "b" agency which is responsible for the directory's future sees it as part of its responsibility to educate the public about available health services. In the future, the steering committee will identify its target populations, weigh various methods of transmitting the information to them, choose those which best meet the needs of the particular target groups to be reached, and initiate an evaluation process to determine effectiveness.

REFERENCE

- (1) Jessiman, A. G., and Crampton, K. R.: Directory of neighborhood health centers. *N Engl J Med* 286: 524-526, Mar. 9, 1972.